RMA

Return Merchandise Authorization Form

Email to: **sgm@sgmservice.net**
Attention: **Customer Care**
Phone: **+39 0434 1573040**

RMA Steps:

1. Fill out this form completely
2. Prepare a copy of the sales invoice(s) for defective good(s)
3. Email per above

For Office Use Only						
		Company Name:			Account Number:	
		Address			Zip Code:	
RMA number:		City:			Country:	
Date RMA:		Requested By:				
Processed by:		Email:				
Item returned:	Yes / No	Phone:			Fax:	
Date received:		Ship To Address:				

Quantity	Item Number	Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	
Record appropriate number in the "Reason Code" column above.	
1. Wrong quantity received	
2. Wrong merchandise received	
3. Damaged in shipping	
4. Duplicate order	
5. Product defective	
6. Customer not satisfied	
7. Incorrect item ordered	
8. Incorrect quantity ordered	
9. Other	

Comments / Special Instructions

If items need to be returned, please ship to the address below **after** receiving an RMA number :

SGM Service Srl
Via del Lavoro 9
33080 - Roveredo in Piano (Pn) - Italy
Contact Information: Customer Care SGM Video

For Office Use Only	
Credit Issued: Yes / No	
Credit Amount:	
Transaction number:	
Date Issued:	
Issued By:	
Comments:	